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FEC FORM 1			C	Office Use Only					
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example over the	e:If typing, type ines.	e 12F	E4M5			
Doheny fo	r Congre	SS							
ADDRESS (number a		High Street							
× (Check if ac									
is changed)	Ale	xandria Bay			NY		607		
			CITY		STATE	<u> </u>	ZIP CO	DDE	
COMMITTEE'S E-MA		ease provide only one e	e-mail addres	ss)					
X (Check if is change									
COMMITTEE'S WEB (Check if is changed)	Dor address	S (URL) neny4Congress.com							
2. DATE 04	M / D D /	2012							
3. FEC IDENTIFIC	CATION NUMBE	R C	00462853						
4. IS THIS STATE	MENT 1	NEW (N) OR	×	AMENDED (A	A)				
I certify that I have e	examined this Sta	tement and to the bes	t of my know	vledge and be	lief it is true,	correct an	d complete.		
Type or Print Name	of Treasurer <u>Je</u>	frey Kirkby							
Signature of Treasure	Jeffrey Kirkby er		[El	ectronically File	ed] Date	04	13	201	2
NOTE: Submission of		or incomplete information					e penalties of	2 U.S.C. §	437g.
Office			For	further informat	tion contact:		FF0 F0	DM 4	

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